



Date _____ Parents Signature _____

City of Milford Recreation Department Mentor Application

Name _____

Parents Name _____

Date of Birth _____ Age _____

Address _____

Social Security Number (if over 18) _____

Home Phone _____ Cell Phone _____

E-Mail _____

School _____ Grade _____

Emergency Contact _____ Phone _____

Certifications & Dates _____

Special Interest:

Do you play any musical Instruments or sing?

What sports would you like to help mentor?

How many hours of community service do you want this year?

